



PTO/SB/31 (02-01)
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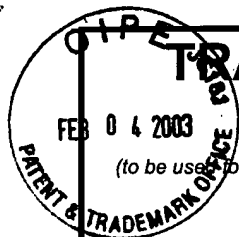
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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 02-033	
I hereby certify that this correspondence is being hand delivered to and deposited with the USPTO at the Customer Service Window, Office of Initial Patent Examination, Crystal Plaza Building 2, Room 1B03, 2011 South Clark Place, Arlington, VA 22202 on <u>February 4, 2003</u> Signature <u>[Signature]</u> Typed or printed Name <u>David G. Posz</u>		In re Application of HARITA et al.	
		Application Number 09/788,428	Filed February 21, 2001
		For BEARING HOLDING STRUCTURE AND MOTOR HAVING SAME	
		Group Art Unit 3683	Examiner SICONOLFI, ROBERT
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.			
The fee for this Notice of Appeal is (37 CFR 1.17(b))		\$ <u>320.00</u>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$ _____	
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.		RECEIVED FEB 06 2003 GROUP 3600	
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Commissioner has already been authorized to charge any fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.			
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>50-1147</u> . I have enclosed a duplicate copy of this sheet.			
<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the		<u>[Signature]</u> Signature	
<input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			
<input checked="" type="checkbox"/> attorney or agent of record.		<u>David G. Posz (Reg. No. 37,701)</u> Typed or printed name	
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). _____		<u>FEB 4, 2003</u> Date	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
* Total of _____ forms are submitted.			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/788,428
Filing Date	February 21, 2001
First Named Inventor	HARITA et al.
Group Art Unit	3683
Examiner Name	SICONOLFI, ROBERT
Attorney Docket Number	02-033

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GROUP 3600

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> After Allowance Communication to Group <input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Law Offices of David G. Posz		
Signature			
Date	February 4, 2003		

OIPE CERTIFICATE OF HAND DELIVERY

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Type or printed name	David G. Posz		
Signature		Date	February 4, 2003



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): HARITA et al.

Application No.: 09/788,428

Filed: February 21, 2001

Title: BEARING HOLDING STRUCTURE
AND MOTOR HAVING SAME

Attorney Docket No.: 02-033

Group Art Unit: 3683

Examiner: SICONOLFI, ROBERT

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FEB 06 2003
GROUP 3600

February 4, 2003

Assistant Commissioner for Patents
Washington, D.C. 20231

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Typed Name: DAVID G. POSZ

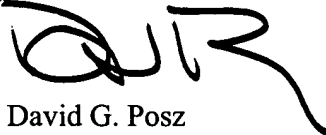
Signature: 

NOTICE OF APPEAL TRANSMITTAL LETTER

Sir:

Authorization is hereby given to charge any fee deficiencies or credit any overpayment to
Deposit Account 50-1147.

Respectfully submitted,



David G. Posz
Reg. No. 37,701

Law Offices of David G. Posz
2000 L Street, N.W.
Suite 200
Washington, D.C. 20036
(202) 416-1638
Customer No. 23400

FEE TRANSMITTAL for FY 2003 <i>Patent fees are subject to annual revision.</i>		Complete if Known	
		Application Number	09/788,428
		Filing Date	February 21, 2001
		First Named Inventor	HARITA et al.
		Examiner Name	SICONOLFI, ROBERT
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Group/Art Unit	3683
TOTAL AMOUNT OF PAYMENT (\$)		320	Attorney Docket No. 02-033

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)			
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 50-1147 Deposit Account Name: LAW OFFICES OF DAVID G. POSZ <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		3. ADDITIONAL FEES			
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other					
FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid		
1001 750	2001 375	Utility filing fee			
1002 330	2002 165	Design filing fee			
1003 520	2003 260	Plant filing fee			
1004 750	2004 375	Reissue filing fee			
1005 160	2005 80	Provisional filing fee			
SUBTOTAL (1)		(\$)		0	
2. EXTRA CLAIM FEES					
Total Claims -20**= 0 x Fee from Below 18 = 0					
Independent Claims -3**= 0 x Fee from Below 84 = 0					
Multiple Dependent					
**or number previously paid, if greater; For Reissues, see below					
Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid		
1202 18	2202 9	Claims in excess of 20			
1201 84	2201 42	Independent claims in excess of 3			
1203 280	2203 140	Multiple dependent claim, if not paid			
1204 84	2204 42	**Reissue independent claims over original patent			
1205 18	2205 9	**Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)		(\$)		0	
		*Reduced by Basic Filing Fee Paid			
		SUBTOTAL (3)		(\$)	
				320	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	DAVID G. POSZ	Registration No. (Attorney/Agent)	37,701
Signature		Telephone	(202) 416-1638
		Date	FEB. 4, 2003

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